

CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use. This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying

Certificate #:1800062

Issued to: 117 LAFITTE DR, LLC

Building Address: 117 LAFITTE DR

City, State, Zip: WAVELAND, MS 39576

Issued Date: 10-03-2018 Expires: End of occupancy

Occupancy Type: R-1 SFR HOME

Sprinkler System Required: NO

Special Conditions: NONE

Building Official

815.01

)ate

2018 11277
Recorded in the Above
Deed Book & Page
09-13-2018 11:33:06 AM
Timothy A Kellar
Hancock County

Hancock County

WAVELAND

NONCONVERSION AGREEMENT with

CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made, this 3 day of September, 20 18	I certify this instrument was filed on 09-13-2018 11:33:06 AM
by 117 Latitle Dr. acc ("Owner") having an address	્રું કાર્યું કે કરવાના કાર્યું
117 Catiffe WV	2018 at pages 11277 - 11277
WITNESSETH:	TiMothy A Kellar
WHEREAS, the Owner is the record owner of all that real property located at	Abov was and
in the City of Waveland, Ms. in the County	/ ō[mbenceckellar
designaled in the Tax Records as 161 E-0-07 -018.001	2 0.58
WHEREAS, the Owner has applied for a permil to place a structure on that property	
enclosed area below the base flood elevation constructed in accordance with the rec	
Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ord 325 and under Permit Number _/ \$60062	dinance of Number
325 and under Permit Number 700000.	

WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

- 1. The structure or part thereof to which these conditions apply is:
- 2. At this site, the Base Flood Elevation is 441 feet above mean sea level, National Geodetic Vertical Datum.
- 3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
- 4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
- 5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
- 6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
- 7. Other conditions:

In witness whereof the undersigned set their hands	and seals this 13° day of _	Sept BERY CHILL
HATHLIEN NOTO (Seal) Owner	Chancery Clerk By: Weak DC	(Seal)

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SEC	SECTION A - PROPERTY INFORMATION					FOR INSURANCE COMPANY USE		
A1. Building Owner's Name 117 LAFITTE LLC			3.5		Policy Numl	oer:		
A2. Building Street Address (inc Box No. 117 LAFITTE DRIVE	luding Apt., Unit, Suite	, and/or Bldg. No	o.) or P.O. I	Route and	Company N	AIC Number:		
City WAVELAND	State MS	ZIP	Code 3957	6		es a company de la company de		
A3. Property Description (Lot a TAX PARCEL ID # 161E-0-02-0		x Parcel Number	, Legal De	scription, etc.)				
A4. Building Use (e.g., Resider	itial, Non-Residential,	Addition, Access	ory, etc.)	RESIDENTIAL	11. 11. 7			
A5. Latitude/Longitude: Lat. 3	0-17-13.7 L	.ong. 89-22-06.2		Horizontal Datum	NAD 1	927 X NAD 83		
 A6. Attach at least 2 photograp A7. Building Diagram Number A8. For a building with a crawls a) Square footage of crawl b) Number of permanent fl 	pace or enclosure(s):	233	sq ft		ich is son e ictoren to no eniquen to la respecta	end i kupili at pe		
c) Total net area of flood o		sg in	esie se a a	the neither file of	adjacent gr			
d) Engineered flood openir		•	e canada e e e e e e e e e e e e e e e e e e		76			
 A9. For a building with an attact a) Square footage of attact b) Number of permanent fl c) Total net area of flood of d) Engineered flood opening 	ned garage N/A ood openings in the att	sq in	ithin 1.0 foo	ot above adjacent g	all or there	ent zerobja film i Pri mon, i filmati vak problem a seri seri problem a seri seri problem a		
SE	ECTION B - FLOOD I	NSURANCE RA	ATE MAP	(FIRM) INFORMA	ΓΙΟΝ			
B1. NFIP Community Name & 0 285262 WAVELAND	Community Number	E	B2. County HANCOC			B3. State MS		
B4. Map/Panel Number B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Pan Effective/ Revised D 10/16/09	244	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)		
B10. Indicate the source of the FIS Profile X FIRM B11. Indicate elevation datum B12. Is the building located in a	I Community Deterrused for BFE in Item B	mined Other	/Source:	.VD 1988 ☐ Oth	er/Source:	DPA)? ☐ Yes ƘNo		
Designation Date: N/A		CBRS OPA	4					

OMB No. 1660-0008

IMPORTANT: In these spaces, copy the corresponding informat	ion from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No. 117 LAFITTE DRIVE) or P.O. Route and Box No.	Policy Number:
City WAVELAND State MS	ZIP Code 39576	Company NAIC Number
SECTION C – BUILDING ELEVATION	I INFORMATION (SURVEY R	EQUIRED)
	n of the building is complete. 30, V (with BFE), AR, AR/A, AR am specified in Item A7. In Puer ical Datum: NAVD 88	2/AE, AR/A1–A30, AR/AH, AR/AO.
Indicate elevation datum used for the elevations in items a) th	rough n) below.	a contract of the
☐ NGVD 1929 [X] NAVD 1988 ☐ Other/Source:	used for the BFE.	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or er	nclosure floor) 14.5	X feet meters
b) Top of the next higher floor	25.9	feet meters
c) Bottom of the lowest horizontal structural member (V Zone	s only)N/A	X feet ☐ meters
d) Attached garage (top of slab)	N/A	feet meters
 e) Lowest elevation of machinery or equipment servicing the (Describe type of equipment and location in Comments) 	building <u>25.7</u> .	feet meters
f) Lowest adjacent (finished) grade next to building (LAG)	14.2	feet meters
g) Highest adjacent (finished) grade next to building (HAG)	14.4	X feet meters
 h) Lowest adjacent grade at lowest elevation of deck or stairs structural support 	s, including N/A.	feet meters
SECTION D – SURVEYOR, ENGINE	ER, OR ARCHITECT CERTIF	FICATION
This certification is to be signed and sealed by a land surveyor, en I certify that the information on this Certificate represents my best statement may be punishable by fine or imprisonment under 18 U.	efforts to interpret the data avail S. Code, Section 1001.	able. I understand that any false
Were latitude and longitude in Section A provided by a licensed la	nd surveyor? XYes No	Check here if attachments.
Certifier's Name License Donald E Ried PLS 30	Number 37	Carriero
Title LAND SURVEYOR		ARON A
Company Name RIED & ASSOCIATES LLC	and the fact of th	Seal Seal
Address 9526 BENESHEEWAH TRAIL		34 / 544
City State PASS CHRISTIAN MS	ZIP Code 39571	1 1 1 5 5 10
Signature Date 09/24/1	Telephone 8 228 205-4007	
Copy all pages of this Elevation Certificate and all attachments for (1)	community official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if AIR CONDITIONER PUMP AT 25.70 FEET	applicable) LOWEST MACHIN	ERY

OMB No. 1660-0008

IMPORTANT: In these spaces, copy the corresponding i				OR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or E 117 LAFITTE DRIVE	Bldg. No.) or P.O. Ro	oute and Bo	x No.	Policy Number:	a in the second of the second
City WAVELAND State	MS ZII	P Code 395		Company NAIC	Number
SECTION E – BUILDING ELEVA FOR ZONE AC	TION INFORMATI AND ZONE A (W			EQUIRED)	
For Zones AO and A (without BFE), complete Items E1–E5 complete Sections A, B,and C. For Items E1–E4, use natural enter meters.					
E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacent a) Top of bottom floor (including basement,		exes to show	whether th	ne elevation is a	above or below
crawlspace, or enclosure) is	N/A	feet	meters	above or	below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	<u>N/A</u>	feet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with permanent flood opening the next higher floor (elevation C2.b in	igs provided in Sect	ion A Items	8 and/or 9	(see pages 1–2	? of Instructions),
the diagrams) of the building is	N/A	_ feet	meters	above or	below the HAG.
E3. Attached garage (top of slab) is	<u>N/A</u>	feet	meters	above or	below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	N/A	_ feet	meters	□above or	□below the HAG.
E5. Zone AO only: If no flood depth number is available, is floodplain management ordinance? Yes No					community's ation in Section G.
SECTION F - PROPERTY OWNER	(OR OWNER'S RE	PRESENTA	ATIVE) CER	TIFICATION	.g(a0) 1377_E
mas I was the		ordella s		V. Uden 1014	TMA issued as
The property owner or owner's authorized representative w community-issued BFE) or Zone AO must sign here. The st	no completes Section atements in Section	ons A, B, an is A, B, and	E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na	atements in Section	ons A, B, and	E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. The st	atements in Section	ons A, B, and	E are corre	ct to the best o	TIP Code
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na	atements in Section	ons A, B, and	E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address	atements in Section ime City	ons A, B, and	E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address	atements in Section ime City	ons A, B, and	E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature	city	s A, B, and	Stat Tele	e phone	f my knowledge.
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
Community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
Community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature Comments	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
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Community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature Comments	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
Community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature Comments	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
Community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature Comments	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code
Community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature Comments	city	s A, B, and	Stat Tele	e phone	f my knowledge. ZIP Code

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the	corresponding information from Section	A. FOR	INSURANCE COMPANY USE
Building Street Address (including Apt., Ur 117 LAFITTE DRIVE	nit, Suite, and/or Bldg. No.) or P.O. Route and	d Box No. Police	cy Number:
City WAVELAND	State MS ZIP Code		npany NAIC Number
SE SE	CTION G - COMMUNITY INFORMATION (OPTIONAL)	on 1499
Sections A, B, C (or E), and G of this Elevused in Items G8–G10. In Puerto Rico onl	or ordinance to administer the community's ration Certificate. Complete the applicable itely, enter meters.	m(s) and sign belov	w. Check the measurement
engineer, or architect who is aut data in the Comments area belo	thorized by law to certify elevation information bw.)	n. (Indicate the sou	rce and date of the elevation
or Zone AO.	Section E for a building located in Zone A (was G4–G10) is provided for community floodpla	100 100 100 100	nichogna in sent tyren.
G3. The following information (Items	5 C4 C 10) is provided for commanity needpi	an managomoni pe	Procession and a direct and a d
G4. Permit Number	G5. Date Permit Issued		ertificate of iance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Imp	rovement	in the fact of the DA seed 1 13
G8. Elevation of as-built lowest floor (incl of the building:	****	ean Shanan feet r	neters Datum
G9. BFE or (in Zone AO) depth of flooding	ng at the building site:	feetr	neters Datum
G10. Community's design flood elevation:	ot care to victorial selection — Alexast etc. Since ill'Altouth Concupation selecti	feetr	neters Datum
Local Official's Name	Title		
Studies Tales			1.504
Community Name	Telephone		
Signature	Date		ets arman."
Comments (including type of equipment a	nd location, per C2(e), if applicable)		
. "			
a partial of a life			Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

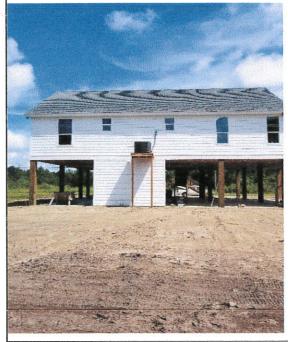
IMPORTANT: In these spaces	FOR INSURANCE COMPANY USE	
Building Street Address (includ 117 LAFITTE DRIVE	ing Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City State MS	ZIP Code 39572	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



ELEVATION CERTIFICATE

FRONT 09/24/18



REAR 09/24/18

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

and the second	SECTION A - PROPERTY INFORMATION					FOR INSURANCE COMPANY USE		
A1. Building Own 117 LAFITTE LLC		slaura mit rehalf on			Olicy Numl	oer: acupvēta palabak — f		
Box No.	. N	uding Apt., Unit, Suite	, and/or Bldg. No.) or P.O.	Route and	Company N	AIC Number:		
117 LAFITTE DRI	VE.	Personal Talentin	alahou marsi i	ri di nolonoso y r	ne .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
City WAVELAND		State MS	ZIP Code 395	OF THE SERVICE SERVICES		kan in Americanid mercena elimber		
A3. Property Des TAX PARCEL ID:			x Parcel Number, Legal De	escription, etc.)	original terminal	Dan en elsen en Villagen en ta		
A4. Building Use	(e.g., Resident	tial, Non-Residential, A	Addition, Accessory, etc.)	RESIDENTIAL	1 10 617	noth to all		
A5. Latitude/Long	itude: Lat. 30	-17-13.7 L	ong. 89-22-06.2	Horizontal Datum	NAD 1	927 X NAD 83		
			Certificate is being used t	o obtain flood insura	nce.	Todas e in 1900 e Anno more de la		
A7. Building Diag	teet!	,e41/1				delica estractor (c		
		pace or enclosure(s):	200					
	1.5	space or enclosure(s)	299 sq ft			uajos do t		
b) Number of	f permanent flo	ood openings in the cra	awlspace or enclosure(s) v			ade N/A		
c) Total net a	rea of flood op	penings in A8.b N/A	sq in	ch International	11-357 11.0			
d) Engineere	d flood openin	gs? Yes XN	0 ,7	CC 1791.8-1140	17076	2,*		
A9. For a building	with an attach	ed garage:	as a light state of the	s light and the large and		a pharant a throught		
shet has safe		ed garage N/A	sa ft	я Селейска и сельника в него и постани	ell i object. Frå object	i charfe for I to a safe ou stalemant man one ou		
respondence, ma	ead develo	matter and a	tached garage within 1.0 fo	word in the toward is the first				
the state of the s			navironilo de se di	oot abovo aajacont g	1477	E. (S) 1 2 1 1 1 1 1 5 3		
		penings in A9.b N/A	sq in			599 199 1		
d) Engineere	d flood openin	gs? Yes X	lo .			THE LAND LES EYES		
	SE	CTION B - FLOOD I	NSURANCE RATE MAF	(FIRM) INFORMA	TION	STATE OF THE STATE		
		ommunity Number	B2. Count	■ ESSENTING STATES OF THE		ath M. 884 T. Care		
285262 WAVELA	ND		HANCO	CK		B3. State MS		
B4. Map/Panel	B5. Suffix	B6. FIRM Index	B7. FIRM Panel	B8. Flood Zone(s)	B9. Ba	se Flood Elevation(s) ne AO, use Base		
Number 28045C0361		Date 10/16/09	Effective/ Revised Date	^=	Flo	od Depth)		
200,00000.	D	900 50 20 1	10/16/09	AE	1	9		
		1002-502 601	J. 11.20		DO:			
B10. Indicate the ☐FIS Prof		THE ROOM STORY OF THE STORY OF	BFE) data or base flood d mined Other/Source:	eptir entered in item	D9.			
		I Community Determ	Timed Other/Godres.	Transfer to the pe	: n. 1. 36v	SPECIAL PROPERTY.		
B11. Indicate ele	vation datum u	sed for BFE in Item B	9: NGVD 1929 X N	IAVD 1988 Oth	ner/Source:			
B12 Is the huildi	ng located in a		urces System (CBRS) are			OPA)? Yes No		
Designation	===		CBRS OPA		(-3.47.		
Designation		Ц	OBIG LIGHT					

OMB No. 1660-0008

IMPORTANT: In these spaces, copy the corresponding	information from Sec	tion A.	FOR INSURANC	E COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or 117 LAFITTE DRIVE	Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:	
City WAVELAND State MS	S ZIP (Code 39576	Company NAIC N	Number
SECTION C – BUILDING ELE	VATION INFORMAT	ION (SURVEY RE	QUIRED)	
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the build Benchmark Utilized: VRS NETWORK	nstruction of the buildin VE, V1–V30, V (with Bring diagram specified in the control of the con	FE), AR, AR/A, AR/ n Item A7. In Puert NAVD 88	AE, AR/A1–A30, <i>A</i>	
Indicate elevation datum used for the elevations in ite		V.		
Datum used for building elevations must be the same		FE.	Charle the man	
a) Top of bottom floor (including basement, crawlspa	acc or enclosure floor)	26.7.	Check the me	easurement used.
and the second of the second o	ace, or enclosure hoor)			
b) Top of the next higher floor	. () / Z anaa ankı)	N/A		meters
c) Bottom of the lowest horizontal structural member	r (V Zones only)	N/A .	X feet	meters meters
d) Attached garage (top of slab)	حمالها المالية		feet	
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 		N/A	feet	meters
f) Lowest adjacent (finished) grade next to building	(LAG)	15.0	X feet	meters
g) Highest adjacent (finished) grade next to building	(HAG)	15.2	X feet	meters
 h) Lowest adjacent grade at lowest elevation of deci structural support 	k or stairs, including	N/A	feet	meters meters
SECTION D – SURVEYOR,	ENGINEER, OR ARC	CHITECT CERTIF	ICATION	97
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to inter der 18 U.S. Code, Sec	pret the data availation 1001.	ble. I understand	that any false
Were latitude and longitude in Section A provided by a lic	ensed land surveyor?	☑Yes ☐ No	Check her	e if attachments.
Certifier's Name Donald E Ried	License Number PLS 3037	t in the state	Marie Co	DE. D.
Title LAND SURVEYOR		a senset a	ALIA SEED	ROFESON
Company Name RIED & ASSOCIATES LLC	3	1 %/1 %	11098	ace every QFW A
Address 9526 BENESHEEWAH TRAIL	#13.1V	5.18.4		34737
City PASS CHRISTIAN	State MS	ZIP Code 39571	S OF	MISS
Signature	Date 05/31/18	Telephone 228 205-4007		
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community of	ficial, (2) insurance	agent/company, ar	nd (3) building owner.
Comments (including type of equipment and location, per ELEVATION IN C2a EXCEEDS 1.0 FOOT ABOVE BASI WAVELAND BUILDING CODE. ENCLOSURE AND VEN CERTIFICATE TBM RAILROAD SPIKE IN POWER POL ORANGE FLAGGING AT ELEVATION 16.92 FEET	E FLOOD ELEVATION TS TO MEASURED O	IN B9 PER CITY (N FINAL ELEVATION		

OMB No. 1660-0008

IMPORTANT: In these spaces, copy the correspond	ing information from	Section A.	ous red F	OR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and 117 LAFITTE DRIVE	d/or Bldg. No.) or P.O.	Route and Bo	x No. F	olicy Number:	atroch genoch betrieb. Ny refrigial or sou
City WAVELAND	State MS	ZIP Code 395	3200000000	Company NAIC	Number
SECTION E – BUILDING EL FOR ZON	EVATION INFORMA E AO AND ZONE A (EQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use renter meters.					
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,		boxes to show	w whether th	e elevation is a	above or below
crawlspace, or enclosure) is	N/A	feet	meters	above or	below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	<u>N/A</u>	feet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with permanent flood o	penings provided in Se	ction A Items	8 and/or 9	see pages 1–2	of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is	N/A	feet	meters	above or	below the HAG.
E3. Attached garage (top of slab) is	N/A	feet	meters	□ above or	below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	-N/A	— ⊔ ∏feet		□ □above or	□ below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes		om floor eleva	ated in acco	dance with the	wast burners and Tare
SECTION F - PROPERTY OW	NED (OD OWNED)	EDDEOENIT	ATIVE OFF	TIFICATION	
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		as annihing the		그렇는 취계하면 얼마나요!	
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign here. The property Owner or Owner's Authorized Representative Property Owner Owne	he statements in Section	tions A, B, and	d E for Zone E are corre	e A (without a F ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative	The statements in Sections's Name	tions A, B, an	E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. T	The statements in Sections's Name City	tions A, B, an	d E for Zond E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative	The statements in Sections's Name	tions A, B, and	E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative Address	The statements in Sections's Name City	tions A, B, and	E are corre	ct to the best o	f my knowledge.
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative Address Signature	The statements in Sections's Name City	ons A, B, and	State Tele	e phone	TIP Code
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative Address Signature	'he statements in Section's Name City Date	ons A, B, and	State Tele	e phone	TIP Code
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative Address Signature	'he statements in Section's Name City Date	ons A, B, and	State Tele	e phone	TIP Code
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OMB No. 1660-0008

IMPORTANT: In these spaces, copy the cor	responding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, 9 117 LAFITTE DRIVE	Suite, and/or Bldg. No.) or P.O. Route and Box No	Policy Number: And A facility of the second
City WAVELAND	State MS ZIP Code 39576	Company NAIC Number
(CBASE A SECT	ION G - COMMUNITY INFORMATION (OPTION	AL) - 1 9791 J 18
The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, e	ordinance to administer the community's floodplair on Certificate. Complete the applicable item(s) and enter meters.	n management ordinance can complete sign below. Check the measurement
G1. The information in Section C was ta engineer, or architect who is author data in the Comments area below.)	aken from other documentation that has been signized by law to certify elevation information. (Indica	ed and sealed by a licensed surveyor, te the source and date of the elevation
G2. A community official completed Second Property of Zone AO.	ction E for a building located in Zone A (without a f	FEMA-issued or community-issued BFE)
G3. The following information (Items G4	4–G10) is provided for community floodplain mana	gement purposes.
G4. Permit Number	G5. Date Permit Issued	66. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Improvemen	t
G8. Elevation of as-built lowest floor (includi of the building:	ng basement)	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding a	t the building site:	feet meters Datum
G10. Community's design flood elevation:		feet meters Datum
Local Official's Name	Title	
section is a section of the section		5.29 1.5
Community Name	Telephone	:sav <u>g</u> (3
Signature	Date	21.9-1165
Comments (including type of equipment and	ocation, per C2(e), if applicable)	
Comments (moraling type of equipment and	ocation, per oz(o), ii applicable)	
一 1 大公告的 重加的		Check here if attachments.

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

AND	SECT	ION A - PROPERTY	INFORMATION	CALL TO COMPANY AND A	FOR INSUF	RANCE COMPANY USE
A1. Building Own 117 LAFFITTE LL		Date of collection	Saving Topic		Policy Numl	ber:
A2. Building Stree Box No. 117 LAFFITE DRI	100	uding Apt., Unit, Suite	e, and/or Bldg. No.) o	or P.O. Route and	Company N	IAIC Number:
City WAVELAND		State MS	ZIP Cod	de 39576		an so, a per con
A3. Property Des			ax Parcel Number, Le	egal Description, etc.)	TVANA ET LANG.	CWIRL TO
A4. Building Use	(e.g., Resident	tial, Non-Residential,	Addition, Accessory	etc.) RESIDENTIAL	l abole l	19.00 to 19.
A5. Latitude/Long	jitude: Lat. 30	⊢17-13.7 I	Long. 89-22-06.2	Horizontal Da	atum: NAD 1	1927 X NAD 83
A7. Building Diagonal A8. For a building a) Square for b) Number of c) Total net and d) Engineere A9. For a building a) Square for b) Number of c) Total net and c) Total net and c) Total net and c) Total net and c)	ram Number gowith a crawlspotage of crawls for permanent flood opening with an attach otage of attach for permanent flood for the permanent flood flood opening with an attach otage of attach for the permanent flood for the permanent flood for the permanent flood f	pace or enclosure(s): space or enclosure(s): space or enclosure(s) pod openings in the cr penings in A8.b N/A gs? Yes X ned garage: led garage N/A pod openings in the ar penings in A9.b N/A	N/A rawlspace or enclose sq in No sq ft ttached garage within	sq ft ure(s) within 1.0 foot at	bove adjacent gr	ade N/A
	A SE	CTION B - FLOOD	INSURANCE RATE	E MAP (FIRM) INFOR	RMATION	- Landard Market Company
B1. NFIP Commu 285262 WAVELA		ommunity Number	2000.000	County Name		B3. State MS
B4. Map/Panel Number 28045C0361	B5. Suffix	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/ Revised Date 10/16/09	B8. Flood Zor	(Zo Flo	se Flood Elevation(s) one AO, use Base od Depth) 9
FIS Profi	ile X FIRM vation datum u ng located in a	I Community Deter	rmined Other/Sc	X NAVD 1988	Other/Source;	OPA)? Yes No

OMB No. 1660-0008

IMPORTANT: In these space	FOR INSURANCE COMPANY USE					
Building Street Address (inclu 117 LAFFITE DRIVE	Policy Number:					
City WAVELAND	State I	MS ZIP (Code 39576	Company NAIC Number		
SE	CTION C - BUILDING EL	EVATION INFORMAT	ION (SURVEY RI	EQUIRED)	61 62 12 13 1 N	
C2. Elevations – Zones A1-	cate will be required when one -A30, AE, AH, A (with BFE) To below according to the bui	construction of the buildir VE, V1–V30, V (with BF Iding diagram specified in	E), AR, AR/A, AR/	'AE, AR/A1–A30, A		
	n used for the elevations in ☐ NAVD 1988 ☐ Other	, ,	v.			
	elevations must be the sar		FE.			
		in eniment view.	1 1 2 2		asurement used.	
nore years series 1 million of	including basement, crawls	pace, or enclosure floor)	ur serveres (III)	X feet	meters meters	
b) Top of the next high	er floor		N/A	feet	meters	
c) Bottom of the lowest	t horizontal structural memb	er (V Zones only)	N/A	X feet	meters	
d) Attached garage (to	p of slab)		N/A	feet	meters	
	machinery or equipment se uipment and location in Cor		<u>N/A</u> .	feet	meters	
f) Lowest adjacent (fin	ished) grade next to buildin	g (LAG)	14.2	X feet	meters	
g) Highest adjacent (fir	nished) grade next to buildir	g (HAG)	14.4	X feet	meters	
 h) Lowest adjacent gra structural support 	de at lowest elevation of de	ck or stairs, including	N/A	feet	meters	
S	ECTION D - SURVEYOR	R, ENGINEER, OR ARC	HITECT CERTIF	ICATION	219	
This certification is to be signal certify that the information statement may be punishable.	on this Certificate represent	s my best efforts to inter	pret the data availa	/ law to certify elevable. I understand t	ation information. hat any false	
Were latitude and longitude	in Section A provided by a l	icensed land surveyor?	☑Yes ☐No	Check here	e if attachments.	
Certifier's Name Donald E Ried		License Number PLS 3037			101000	
Title LAND SURVEYOR	JOS DE SEGUELANDE PER LEDE	N TO BE AND THE SECOND		Oct	POFESSION	
Company Name RIED & ASSOCIATES LLC				A P	adel sal/gyon	
Address 9526 BENESHEEWAH TRA	AL.		20 May 18 18 18 18 18 18 18 18 18 18 18 18 18		PS 3080 10 4	
City PASS CHRISTIAN		State MS	ZIP Code 39571	1	1186	
Signature		Date 11/01/16	Telephone 228 205-4007			
Copy all pages of this Elevation	on Certificate and all attachm	ents for (1) community off	icial, (2) insurance	agent/company, an	d (3) building owner.	
Comments (including type of ELEVATION IN C2a 1.0 FOO BUILDING CODE, TBM RAI ORANGE FLAGGING AT EI	OT ABOVE BASE FLOOD I LROAD SPIKE IN POWER	ELEVATION IN B9 PER	CITY OF WAVELA			

OMB No. 1660-0008

IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/o 117 LAFITTE DRIVE	x No.	Policy Number:					
City WAVELAND Sta	State MS ZIP Code 39576			Company NAIC Number			
SECTION E – BUILDING ELEY FOR ZONE	VATION INFORMATION AO AND ZONE A (WI	ON (SURV	EY NOT	REQUIRED)			
For Zones AO and A (without BFE), complete Items E1–E complete Sections A, B,and C. For Items E1–E4, use nat enter meters.	5. If the Certificate is in ural grade, if available.	ntended to Check the	support a measuren	LOMA or LOMR nent used. In Pu	-F request, erto Rico only,		
E1. Provide elevation information for the following and ch the highest adjacent grade (HAG) and the lowest adj	eck the appropriate bo jacent grade (LAG).	xes to shov	w whether	the elevation is	above or below		
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 	N/A.	feet	meters	above or	below the HAG.		
 Top of bottom floor (including basement, crawlspace, or enclosure) is 	<u>N/A</u>	☐feet	meters	ember ale e	- ST - 10		
E2. For Building Diagrams 6–9 with permanent flood ope	nings provided in Secti	on A Items	8 and/or 9	/see nages 1–2	of Instructions)		
the next higher floor (elevation C2.b in the diagrams) of the building is	N/A	feet	meters				
E3. Attached garage (top of slab) is	. N/A	feet	meters	above or	─ below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	N/A	∏feet	meters				
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes		floor eleva	ited in acc	ordance with the	and turner - To		
SECTION F - PROPERTY OWNE			T" (E) OF	TITION TION	erablard e.H		
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address			Sta	<u> </u>	ZIP Code		
Address	Sity		0.0	ile.	end Maybragana		
Signature	Date		Tel	ephone			
	DieO			Y500954333 (-1.7 P. 1.1		
Comments							
		in the					
.*							
· ·							
					here if attachments.		

OMB No. 1660-0008

IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE		
Building Street Address (includ 117 LAFFITE DRIVE	ing Apt., Unit, Suite, an	or P.O. Route and Box N	lo. Polic	Policy Number:			
City WAVELAND	meO Sides ea	State MS	ZIP Code 39576	Com	Company NAIC Number		
(GRAK	SECTION G -	COMMUNITY II	NFORMATION (OPTION	NAL)	off OB?		
The local official who is authori Sections A, B, C (or E), and G used in Items G8–G10. In Puer	of this Elevation Certific	cate. Complete t					
	t who is authorized by la		ntation that has been sig vation information. (Indic				
G2. A community official or Zone AO.	completed Section E fo	or a building loca	ted in Zone A (without a	FEMA-issu	ed or community-issue		
G3. The following informa	ation (Items G4–G10) is	s provided for co	mmunity floodplain man	agement pu	irposes. Isverat nocumentum firs	0 08 28 a sint	
G4. Permit Number	G5. I	G5. Date Permit Issued G6			. Date Certificate of Compliance/Occupancy Issued		
GAL and world to prove Jacobs.	ued for:	Construction	Substantial Improveme	ent	ong ura building is	i ai	
G8. Elevation of as-built lowest floor (including basement) of the building:					neters Datum	mos ac	
G9. BFE or (in Zone AO) dept	SENTATIVE) CERTIFI		BETT WAREK EIRON	_	neters Datum		
G10. Community's design floor) Alterios rotal onsi di v of teamos ave el onsi Fl	A shames in a	ar of Terrorum Period (financials), end on a con-	n cosportius a race o Ala	neters Datum	riong ed l sharnings sharning	
Local Official's Name			Title	.,0		the state of the	
abo Pi							
Community Name	norweial	ohiC	Telephone	-		and any se.	
Signature			Date		8		
Comments (including type of ed	guipment and location	per C2(e) if app	licable)				
Comments (molading type of co	quipinioni and location,	pci 02(0), ii app	ilicable)				
			Check here if atta	chments.			